## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Secretary of State  DIVISION OF CORPORATIONS  DIVISION OF CORPORATIONS  DIVISION OF CORPORATIONS  DIVISION OF CORPORATIONS  1. Corporation Name  FRESH SQUEEZED INC.  Principal Place of Business  Mailing Address  12801 ANGLE RD.  FORT PIERCE R. 34945  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address. If Applicable  1. Sully, April 4, 40.  1. Date incorporated or Clustified  1. Date incorporated or Clusti
FRESH SQUEEZED INC.  Principal Place of Business  Mailing Address  12801 ANGLE RD. 12801 ANGLE RD. FORT PIERCE FL 38495  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  12 New Principal Office Address, If Applicable  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  3. New Mailing Office Address, If Applicable  4. Date Incorporated or Qualified To Do Business in Florida  4. Date Incorporated or Qualified To Do Business in Florida  6. Suite, Apt. 8, etc.  12 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 13 Suite, Apt. 8, etc. 14 Date Incorporated or Qualified To Do Business in Florida  15 FEI Number  16 Suite, Apt. 8, etc. 15 Suite, Apt. 8, etc. 16 Suite, Apt. 8, etc. 17 Suite, Apt. 8, etc. 18 Suite, Apt. 8, etc. 19 Suite, Apt. 8, etc. 19 Suite, Apt. 8, etc. 19 Suite, Apt. 8, etc. 10 Suite, Apt. 8, etc. 11 Suite, Apt. 8, etc. 11 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 11 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 11 Suite, Apt. 8, etc. 11 Suite, Apt. 8, etc. 11 Suite, Apt. 8, etc. 12 Suite, Apt. 8, etc. 13 Suite, Apt. 8, etc. 14 Date Incorporated or Qualified To Do Business in Florida 15 Date Incorporated or Qualified To Do Business in Florida 16 Date Incorporated or Qualified To Do Business in Florida 17 Do Business in Florida 18 Date Incorporated or Qualified 19 Date Incorporated or Qualified 19 Date Incorporated or Qualified 19 D
Principal Place of Business  Mailing Address  12801 ANGLE RD. FORT PIERCE FL 34945  If above addresses are incorrect in any way, line through incorrect Information and enter correction below.  12. New Principal Office Address, If Applicable 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida  04/17/2000  5. FEI Number 12801 W. Angle Pd. 12801 W. Angle P
1201 ANGLE RD. FORT PIERCE FL 34945  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address. If Applicable  3. New Mailing Office Address. If Applicable  3. New Mailing Office Address. If Applicable  4. Date incorporated or Qualified  7. Doe Business in Florida  6. FET Number  6. FET Number  6. FET Number  6. Stille, Apt. If, etc.  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  8. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  Name  8. Name and Address of Current Registered Agent  Name  8. Name and Address of New Registered Agent  Name  9. Name and Address of New Registered Agent  Name  9. Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name  12801 ANGLE RD.  Name  12801 ANGLE RD.  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address of New Registered Agent  Name  12801 ANGLE RD.  Name and Address o
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2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5. Suite, Apt. #, etc. 13801 W. Angle Rd. 5. FEI Number 6. City & State F. Pierce F. Country D. A. A. A. Suite, Act. #, etc. City & State F. Pierce F. Country D. A. A. A. A. A. C. Country D. A. A. A. A. A. C. Country D. A. A. A. A. A. A. A. C. Country D. A. A. A. A. A. A. A. A. C. Country D. A.
Suite, Ant. #, etc.  13801 W. Angle Rd.  Suite, Act. #, etc.  12801 W. Angle Rd.  City & State FF. Perce F1.  Zip 3 4945 Country  To Do Business in Florida  Ol/17/2000  S. FEI Number  Soft & State For Poly & State FF. Perce F1.  Zip 3 4945 Country  Title(s)  Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Title(s)  PD BEVILLE, HOWARD B  12801 ANGLE RD.  Softee Address of New Registered Agent  PONT PIERCE F1. 34945  BEVILLE, HOWARD B  12801 ANGLE RD.  Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Name Name
City & State F.F. Pierce F.J. Country 3 4945  Country 3 4945  Country 3 4945  Country 3 4945  Country 4 City / State   Zip 3 4945  Title(s) 2 Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Addresses of Each Officer and/or Director of Officer and/or Director   4 City / State / Zip  PD BEVILLE, HOWARD B   12801 ANGLE RD.   FORT PIERCE FL 34945  BEVILLE, HOWARD B   12801 ANGLE RD.   Summe and Address of New Registered Agent   Name and Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   Suite, Apt. #, Etc.   City  Suite, Apt. #, Etc.   State   Zip,Code   City  Suite, Apt. #, Etc.   State   Zip,Code   City  Suite, Apt. #, Etc.   City  State   Zip,Code   City
Second   S
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Title(s)  Name of Officers and/or Directors  12801 ANGLE RD.  8. Name and Address of Current Registered Agent  8. Name and Address of Name Registered Agent  8. Name Address of Name Registered Agent  8. Name Address of Name Registered Agent  8. Name Address of Name Registered Agent  9. Name Address of Name Registered Agent  8. Name Address of Name Registered Agent  8. Street Address of Name Registered Agent  9. Name Address of Name Address of Name Registered Agent  9. Name Address of Name Address of Name Registered Agent  9. Name Address of Name Address of Name Registered Agent  9. Name Address of Name Address of Name Registered Agent  9. Name Address of Name Address of Name Registered Agent  9. Name Address of Name Address of Name Registered Agent  9. Name Address of Name Address of Name Registered Agent  9. Name Address of Name Address of Name Registered Agent  9. Name Address of Name Address of Name Registered Agent  9. Name Address of Name Address of Name Registered Agent  9. Name Address of Name Address of Name Registered Ag
Name of Officers and/or Directors   Street Address of Each Officer and/or Director   4   City / State / Zip
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8. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  9. Name and Address of New Registered Agent  Name Hound B. Beville  Street Address (P.O. Box Number is Not Acceptable)  12801 ANGLE RD.  FORT PIERCE FL 34945
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name Howard B. Beville  Street Address (P.O. Box Number is Not Acceptable)  12801 ANGLE RD.  FORT PIERCE FL 34945  Suite, Apt. #, Etc.
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BEVILLE, HOWARD B  12801 ANGLE RD.  FORT PIERCE FL 34945  Name Howard B. Beville  Street Address (P.O. Box Number is Not Acceptable)  12801 W. Angle RO.  Suite, Apt. #, Etc.
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BEVILLE, HOWARD B  12801 ANGLE RD.  FORT PIERCE FL 34945  Name Howard B. Beville  Street Address (P.O. Box Number is Not Acceptable)  12801 W. Angle RO.  Suite, Apt. #, Etc.
City   State   Zip Code
City   State   Zip Code
tt. Pierce   FL   34945
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Have SISTATISE REQUIRED Date 10-18-01
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under ooth.
Howard, B. Beville P.D.
SIGNATURE: SIGNATURE AND PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

To whom it may concern,

This is My first year as a corporation. I was unaware of the uniform business Report. The first notice I recieved was the notice of Dissolution. This may be because the address you have for me was incorrect.

Thave made the address change on the reinstalement

Form. I called your office and a lady told me to

write this letter of explanation and send \$150.00 with the

enclosed form. Please accept the enclosed form and check.

Have B. Gut